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Weekly Bulletin



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EDITOR

California's Infant
Mortality is Low.

Babies in Santa Cruz, California, have a better chance for life than the babies of any other city in the Birth Registration Area of the United States according to infant mortality statistics published today by the American Child Health Association of New York City. Santa Cruz's rate for 1923 is 26 which means that only 26 infants out of every one thousand born within the city died during their first year.

Not only Santa Cruz but the entire State of California has a very low infant mortality rate. Los Angeles with a record of 72 ranks third among the ten largest cities of the country, while Pasadena with 37 stands first among cities of 50,000 to 100,000 population. The state itself having a rate of 66 holds forth place among the 30 states and the District of Columbia which comprise the Birth Registration Area. The report issued by the American Child Health Association covers this area and includes cities of more than 10,000 population.

Winchester, Massachusetts, is the only one other city in the Birth Registration Area with a record equal to Santa Cruz. This city also has an infant mortality rate of 26 as compared with the average rate of 78 for all the cities within the Area.

The states holding better records than California are:

Washington 51; Oregon, 53, and Minnesota, 62. As in 1922 the Pacific coast states again lead all sections of the country. The sectional rate for

Washington, Oregon and California is 57, the lowest rate for any section within the Birth Registration Area.

The infant mortality record issued by the American Child Health Association of which Herbert Hoover is president, has become an annual report, designed to interest the American public in a reduction of mortality rates all over the country. The figures for the report have been secured from the United States Bureau of the Census and from state and local authorities. In addition to data from the Birth Registration Area the report also takes in statistics from other territory within the Death Registration Area, the total cities covered amounting to 665.

Twenty-five cities are listed in the California statistical tables. These cities with their comparative rates for 1922 and 1923 are as follows:

	1922	1923
Alameda	42	40
Bakersfield	66	86
Berkeley	37	41
Eureka	74	96
Fresno	83	90
Glendale	53	42
Long Beach	38	41
Los Angeles	73	72
Oakland	64	63
Pasadena	46	37
Pomona	69	64
Richmond	62	61
Riverside	69	95
Sacramento	67	66
San Bernardino	117	112
San Diego	47	59
San Francisco	56	58
San Jose	60	53
Santa Ana	89	80
Santa Barbara	38	61
Santa Cruz	57	26
Santa Monica	72	90
Stockton	66	79
Vallejo	60	64
Venice	65	79

Why California Cancer Death Rate is High.

The character of our population is a factor in the production of a high cancer mortality rate in California. Dr. Louis I. Dublin of New York, in discussing California cancer death rates, says:

"There are two statistical reasons why the California cancer rates are higher than in other areas. The crude death rates are higher because California has a heavier proportion of persons at ages above forty-five years than is found in many other states. In Table 1, I am showing the proportion of persons forty-five years of age and over in the total population of the first ten states shown on the Census Bureau's usual cancer mortality tables. I am also showing the facts for the city of San Francisco. Even if there were no higher cancer death rates at the specific age periods in California, we would expect a higher crude rate because of the concentration of older persons in the population. California has 26.1 per cent of its population at ages forty-five and over, and this is the highest ratio for the ten states for which we have taken off the records.

"But, even if allowance for the differences in the age distribution of population is made, there still remain the significantly higher cancer death rates at specific age periods in California. These are shown in Table 2. You will see that the adjusted death rate for San Francisco is 132 per 100,000 of population, as compared with 87 for the State of California and 79 for the Registration States combined. Why San Francisco should have such higher specific cancer death rates at the several age divisions is not clear to us. Only an intensive analysis of the San Francisco data by sex, age, and the organs or parts affected would lead to any clue to this situation. You know, of course, that Dr. F. L. Hoffman is conducting at the present time an inquiry into cancer mortality in San Francisco. Whether taken on a crude, adjusted or refined basis, San Francisco's cancer death rate is one of the highest for the larger cities of the United States and an inquiry such as that now being directed by Dr. Hoffman seems to be in order."

Table 1.

Percentage of Population 45 Years of Age and Over, 1920.

States	Percent 45 and over
California	26.1
Colorado	21.9

Connecticut	22.2
Delaware	23.7
Florida	19.4
Georgia	16.0
Idaho	18.3
Illinois	21.6
Indiana	24.8
Kansas	22.4
San Francisco	24.3

Table 2.

Death rates per 100,000. Cancer all forms. 1920.

Total Registration States, State of California, Cities of Los Angeles and San Francisco.

Age period	Reg. States of 1920	State of Call- ifornia	Los Angeles	San Fran- cisco
All ages:				
Crude rate	84.0	110.9	138.0	152.6
Adjusted rate	79.1	87.1	102.0	132.1
Age periods:				
25 to 34	14.9	17.3	18.9	36.7
35 to 44	57.0	58.9	74.6	88.8
45 to 54	155.1	170.2	226.1	260.9
55 to 64	345.8	383.8	403.9	667.5
65 to 74	610.2	665.5	776.8	919.9
75 and over	903.7	1013.2	1146.7	1306.5

There is something better than making a living—making a life.—Abraham Lincoln.

Unity Needed in Attack on Disease.

The time has more than come for taking further steps in the organization of a systematic and ordered attack on the strongholds of preventable disease—particularly that mass of crippling morbidity and invalidism which is undermining the capacity and efficiency of the people—an attack which will depend for its achievement upon a close partnership and cooperation between all branches of medicine, between the medical profession and the public, and between the governing authorities and those who are governed. We can not continue wisely to rely upon piecemeal effort, divided counsels, and conflicting authorities. If the nation desires ever to rid itself of the common enemy there must be unity both of purpose and action—and even so the task will be a long one.

"Let no man think that sudden in a minute

All is accomplished and the work is done;—

Though with thine earliest dawn thou shouldst begin it

Scarce were it ended in thy setting sun."

—Sir George Newman.

Disease is a crime, a man has no moral right to be sick.—C. G. Finney.

How Nuisances Are Abated.

The abatement of nuisances is one of the most common procedures in all local health departments and the California State Board of Health is frequently appealed to for aid in securing the abatement of a nuisance that may or may not be a menace to the public health. What constitutes a nuisance is often a subject for debate.

The courts generally consider that a nuisance must be more than merely unsightly, unpleasant or somewhat injurious, that on the contrary it must work a material annoyance, inconvenience or injury, that it must do this to the ordinary person of ordinary sensibilities in the neighborhood. That it may not be offensive to a person lacking in the finer sensibilities or with dulled olfactory senses is no defense. That it may arouse the ire of persons of elegant habits of living is not sufficient to cause nuisance. Property damage can have no part in a public nuisance and the health officer about to abate one must assure himself that the objections are not magnified by losses. Nor is a sentimental objection to the mere presence in the neighborhood of the thing complained of sufficient or any cause for action. Until there is actual and material menace to health, annoyance or inconvenience to the ordinary persons in the neighborhood where people dwell or pass or have the right to pass, or an impairment of a public right, there can be no public nuisance. As a matter of policy the health officer will usually examine into all complaints to determine whether there is a public nuisance. He must be thoroughly sure that the nuisance is a public one before taking any legal steps. An error may prove costly. He can not afford to let a neighborhood, stirred up by the eloquence of some agitator suffering a private nuisance, force him into any but a deliberate course of investigation and action.

Custom often plays an important part in judging a nuisance. What is a nuisance in one locality may not be a nuisance in another. Thus, hog pens in the country may be proper, and a manufacturing plant, decidedly injurious in a residential district, may not be at all out of place in an industrial zone. Things which are a nuisance in a thickly settled community may be no nuisance at all in a sparsely settled community.

However, the courts quite generally impose upon those who may use property to the detriment of others, even in localities given over to similar practices,

the burden of reasonable diligence and the taking of all available precautions to minimize the offense and injury to neighbors.

The civil code of California authorizes the abatement of public nuisances by any public officer or body so empowered by law. The penal code empowers the health officer or district attorney to serve notices to abate nuisances. A nuisance violating such notices is defined as a misdemeanor and the district attorney is directed to prosecute until the nuisance is removed.

The constitution gives counties, cities and towns the right to regulate matters relating to health and sanitation within them. The political code requires their governing boards to adopt ordinances in pursuance thereof, and to appoint health officers who shall enforce such ordinances and also the health laws of the state and orders or regulations of the State Board of Health.

The political code gives the State Board of Health the power to enjoin and abate those nuisances which are dangerous to health. The Public Health Act also gives the State Board of Health power to abate nuisances due to sewage disposal.

The procedure in remedying nuisances may be by criminal prosecution or by a civil suit, indictment, injunction or abatement. For minor nuisances the first procedure is usually employed. For the larger nuisances, where a permanent settlement is the end sought or where the cost of remedy might be far greater than the maximum fine, a civil suit is more appropriate.

Many, in fact most, nuisances are remedied without litigation, through the judgment, tact and skill of the health officer. The person responsible for the nuisance is usually willing to accept the decision of the health officer as to the merits of the case and if the party at fault can be shown what he should do, he is usually willing to do his best to correct it. In fact, the health officer who can give sound, constructive advice on how to overcome the nuisance succeeds best.



The trotter, the delivery and the truck horse are things of the past, and with the horse has gone the fly-breeding places most numerous and difficult to control. With the fly control problem simplified—thanks to the automobile—and with more definite information about life history and methods of control, health officials should be encouraged to begin anti-fly campaigns; an undertaking in which, only a few years ago, success seemed virtually impossible. Today, the presence of large numbers of flies in the business sections of a municipality constitutes a reflection on local health administration.—New Jersey Health News.

MORBIDITY.***Diphtheria.**

114 cases: Glendale 3, Modesto 1, Oakland 21, El Cerrito 5, Santa Clara County 2, Kern County 2, Placer County 1, Glendora 1, Guadalupe 1, Los Angeles County 9, Hawthorne 1, Alhambra 2, Huntington Park 1, San Bruno 4, Covina 1, Long Beach 5, Niles 1, Alameda County 3, San Francisco 20, Stockton 1, Martinez 1, Merced County 2, Stanislaus County 1, San Jose 1, Bakersfield 1, Fowler 1, Burbank 1, Sacramento 14, Tulare County 1, Berkeley 3, Fresno County 1, Alameda 1, Watsonville 1.

Measles.

29 cases: Oakland 1, Palo Alto 1, Corona 3, Lynwood 2, Los Angeles County 10, El Segundo 1, San Bruno 1, Alameda County 2, San Francisco 1, Pasadena 1, Fullerton 1, Sacramento 3, Tulare County 1, Napa 1.

Scarlet Fever.

44 cases: Santa Barbara 1, Kingsburg 2, San Luis Obispo County 1, Modesto 1, Oakland 4, Vallejo 1, Santa Clara County 1, Kern County 1, Lassen County 1, Los Angeles County 6, Compton 1, San Francisco 10, Stockton 1, Pasadena 1, Santa Cruz 1, Stanislaus County 1, Orange County 1, San Jose 1, Kingsburg 1, Sacramento 1, Tulare County 1, Berkeley 1, Fresno County 1, Watsonville 2, San Rafael 1.

Smallpox.

41 cases: Kern County 1, Los Angeles County 16, Pomona 1, South Gate 3, Hunt-

ington Park 1, Long Beach 8, Pasadena 1, Orange County 1, Bakersfield 1, Orange 1, Burbank 1, Sacramento 2, Tulare County 3, San Bernardino 1.

Typhoid Fever.

24 cases: Shasta County 2, Ventura County 4, Sacramento 2, San Jose 2, San Francisco 1, Modoc County 1, South Gate 1, Long Beach 4, San Joaquin County 1, Fullerton 1, Lassen County 1, Alhambra 1, California 3.

Whooping Cough.

37 cases: Modoc County 2, San Luis Obispo 1, Oakland 2, Alameda County 1, Los Angeles County 8, San Francisco 2, Long Beach 3, Stockton 3, Pasadena 5, Anaheim 1, Santa Ana 6, San Bernardino 1, Eureka 2.

Cerebrospinal Meningitis.

One case, San Joaquin County.

Leprosy.

One case, Stockton.

Poliomyelitis.

2 cases: Long Beach 1, Riverside County 1.

Epidemic Encephalitis.

One case, San Joaquin County.

Paratyphoid Fever.

One case, Santa Barbara.

*From reports received on July 21 and 22 for the week ending July 19.

COMMUNICABLE DISEASE REPORTS.

DISEASES	1924				1923			
	Week ending			Reports for week ending July 19 received by July 22	Week ending			Reports for week ending July 21 received by July 24
	June 28	July 5	July 12		June 30	July 7	July 14	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	3	1	2	1	4	4	3	4
Chickenpox	197	109	84	45	84	105	112	45
Diphtheria	250	161	159	114	152	147	111	111
Dysentery (Bacillary)	15	33	0	0	0	0	0	1
Epidemic Encephalitis	6	6	1	1	1	3	2	1
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	84	46	96	22	82	101	149	89
Influenza	1	3	3	3	18	8	10	8
Leprosy	2	0	1	1	1	1	0	0
Malaria	3	5	1	1	3	2	7	2
Measles	255	132	127	29	605	607	420	302
Mumps	49	40	25	10	14	6	10	9
Pneumonia (Lobar)	87	27	13	21	46	41	23	22
Poliomyelitis	1	4	1	2	2	2	0	4
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	118	78	58	44	83	95	66	78
Smallpox	133	99	102	41	12	24	36	40
Syphilis	119	82	150	34	103	55	113	126
Tuberculosis	220	158	156	139	154	142	165	127
Typhoid Fever	30	29	37	24	21	9	15	13
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	68	37	69	37	70	84	73	65
Totals	1641	1050	1085	569	1455	1436	1315	1047

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